DOCUMENT RESUME

ED 170 430 UD 019 387

AUTHOR Sue, Stanley
TITLE Ethnic Minority Research: Trends and Directions.
PUB DATE May 78
NOTE 22p.; Not available in hard copy due to variable reproduction quality of the original document

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Community Involvement; Financial Support; Mental Health; *Minority Groups; *Research; *Research Methodology; *Research Needs

ABSTRACT

In asserting that there is a need for research on ethnic minority groups, this paper discusses the trends and directions for such research. Recommendations are made in areas such as the types of research needed, the relationship between research and minority group needs, increasing the utility of research, the appropriateness of methodological and conceptual strategies, the involvement of qualified and sensitive researchers, increased collaboration between researchers and the community, the enhancement of mental health, the need for more research funds, and improved access to policy makers and funding sources. It is also argued that if the research needs of ethnic minorities are to be dealt with, the current trend to include more minority group persons on research review groups, in administrative positions, and as decision makers must be expanded. (Author/EB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

MAY 2 - 1979

ED170430

Ethnic Minority Research: Trends and Directions

Stanley Sue

University of Washington

Psychology, as well as other social sciences, has attempted to address the needs of various ethnic minority groups. The importance of research in pointing to these needs and to possible solutions was underscored by the President's Commission on Mental Health: "...research should be undertaken to understand the needs and problems of underserved populations, such as Asian Americans, Blacks, Hispanic Americans, and Native Americans. These groups represent about 17 percent of the United States population and suffer disproportionately from the alienation and fear, depression and anger which accompany prejudice, discrimination, and poverty" (Report to the President, 1978, pp. 75-76).

While there is strong consensus among policy makers, researchers, and the public that substantial time, effort, and funding be focused upon ethnic minority research, two problems immediately come to mind. First, ethnic minority groups such as American Indians, Asian Americans, Blacks, and Hispanics, have similar as well as different mental health research needs and experiences. In order to speak of ethnic minority research, it is to some extent necessary to draw out general trends applicable to all groups and at the same time to refer to each group's concerns. Second, ethnic minority research has generated a great deal of controversy and rhetoric because research is not simply a scientific task but rather a process involving scientific methodology, values, needs, philosophical perspectives, politics, and funding. The purpose of this paper is to examine trends for ethnic research and to offer recommendations for research directions. Several questions and issues are discussed:

(1) What are the research themes and trends that have evolved with respect to minority groups?

UD019387

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Stanley Sue

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

(2) What themes or areas in mental health, drug, and alcohol research should we focus upon?

(3) What is the value of research for minority groups?

(4) Who should conduct research on what populations?

(5) What methods should we use in research?

(6) What is the relationship between researchers, various communities, and consumers?

(7) How can we obtain funds for ethnic research?

Themes and Trends

It is impossible to appreciate the current status of ethnic research without reference to past research themes. Three general themes can be identified: (1) the inferiority model, (2) the deficit model, and (3) the bicultural or multicultural model. In the Foreword to the book Racism and Psychiatry by Thomas and Sillen (1972), Kenneth Clark, past President of the American Psychological Association, indicates that social scientists often reflect the trends of society. He states that "Probably the most disturbing insight obtained from the relentless clarity with which this book documents the case of racism in American Psychiatry is the ironic fact that the students, research workers and professionals in the behavioral sciences--like members of the clergy and educators--are no more immune by virtue of their values and training to the disease and superstition of American racism than is the average man" (p. xii). Indeed, Thomas and Sillen document the historical theme perpetuated by research that Blacks are psychologically and intellectually inferior to Whites. Society was largely held unaccountable for the plight of ethnics since the victims themselves were to blame. I do not want to dwell on this point except to say that early research focused the perceived inferiority of certain ethnic minority group individuals.

More recently, we have moved and continue to move in a direction that attributes the plight of ethnic minority groups to society and social conditions. There were attempts to study societal racism and its effects on ethnic minorities. The victim was blamed less, for it was believed that society was the culprit. Gordon Allport (1954) in his classic book The Nature of Prejudice indicated that prejudice and discrimination could not solely be attributed to abnormal personalities or to "rednecks." Rather, social psychological processes in society were responsible, a theme reiterated by Jones (1972) and Pettigrew (1973). The assumption was that prejudice and discrimination created stress for minority groups. Consequently, many minority group individuals were deficient, underprivileged, pathological, or deviant. Kramer, Rosen, and Willis (1973) went so far as to say that "Racist practices undoubtedly are key factors -- perhaps the most important ones -- in producing mental disorders in Blacks and other underprivileged groups ..." (p. 355). Many studies documented the social, economic, and mental health conditions of minority groups. Blacks were presumed to have high rates of mental disorders, a poor family structure, lower intelligence, and high rates of drug addiction; Native Americans/American Indians were prone to alcoholism and suicide; Hispanics were described as having tendencies toward drunkenness, criminal behavior, and undependability (see Fischer, 1969; Kitano, 1974; Padilla & Ruiz, 1973). Interestingly, Asian Americans were believed to have few problems since they were supposedly free from prejudice and discrimination (Sue, Sue, & Sue, 1975). Most ethnic minorities were assumed to have serious problems involving self-identity and self-esteem because of culture conflict.

The deficit model was helpful in focusing on society rather than the individual ethnic minority in explaining the status of minority groups. The implication was that analysis of institutional factors is necessary. We also know that racism does affect the physical, social, economic, and psychological well-being of minority

groups. Because of discrimination and unresponsiveness of services to minority groups, mental health treatment and service delivery systems are inadequate. The deficit model, therefore, stimulated research into societal factors, the effects of racism, and the adequacy of treatment services.

The deficit model, while valuable in certain respects, also raises grave concerns.

(1) The emphasis on deficits neglected strengths, competencies, and skills found in ethnic families, communities, and cultures (Jones, 1972; Thomas & Sillen, 1972).

(2) There was a tendency to focus upon treatment or remediation of "deficiencies" rather than upon the institutional roots for the deficiencies, as means of resolving problems.

(3) The deficit model implied that certain ethnic group behaviors were psychopathological if they deviated from mainstream norms (Padilla & Ruiz, 1973) so that a strict assimilation model was deemed appropriate.

(4) Conceptual and methodological challenges were made concerning the adequacy of research findings. For example, in the areas of ethnic identity and self-esteem (Banks, 1976; Brand, Padilla, & Ruiz, 1974), family structure (Jones, 1972), and rates of psychopathology (Fischer, 1968), many investigators felt that previous research strategies were inadequate. Similarly, the view that Asian Americans are free from, or immune to, the effects of prejudice and discrimination is inaccurate (Sue et al., 1975).

These criticisms stimulated what I call the rise in bicultural or multicultural research. There is a growing emphasis on the interaction between ethnic culture, mainstream American values, and racism, not only as causing conflicts and stress but also as providing seeds for growth and development of competencies. Behaviors cannot be simply judged as being appropriate or inappropriate without reference to the context in which such behaviors occur (Grier & Cobb, 1968).

In summary, research on ethnic minority groups has moved from an inferiority model to a deficit model and now to a bicultural model. Obviously, these are trends rather than distinct, non-overlapping stages. It should also be noted that we are still at elementary stages in terms of knowing mental health status, causes of mental health and needs, and solutions.

Directions for Research

Let me now turn to directions that we should take in ethnic minority research and, in doing so, propose a model by which we can systematize research efforts. One is tempted to say that we need more research in almost all areas involving minority groups: Essential demographic data, needs assessment, culture, education, ethnic identity, mental health, community functioning, discrimination, the costs of racism not only upon minority groups but upon all Americans, family structure, psychopathology, sex roles, mental health delivery systems, and ethnic resources to name a few. Where, among these and other areas, should we begin in our research priorities? I would like to introduce a 4-stage cycle of research and to indicate important areas upon which to focus, as indicated in Figure 1. The four stages are: (1) status of ethnic minorities, (2) causes of psychological well-being or

---

Insert Figure 1 about here

---

disturbance, (3) solutions to mental health problems, and (4) implementation of solutions. These four areas are intimately related. If we do not know the status and situation of minority groups, then it is fruitless to look for causal factors. If we do not know the causes for mental health status, then it is exceedingly difficult to plan for solutions. Finally, knowing solutions to problems is of no value unless we can implement programs and policies which in turn affect the status and well-being of ethnics. Let me briefly discuss the four stages.

First, in the stage of the status of ethnic minorities we need an increase in the quantity and quality of research studies. Because of methodological, conceptual, and practical problems in ethnic research (to be discussed later), we are still at elementary steps in having systematic and accurate information on various ethnic minority groups. That is why many researchers are attempting to conduct needs assessment of ethnic groups. That is why researchers are constantly frustrated. Basic and essential information is lacking. For example, we still do not know exactly how many Asians are in the United States. Estimates vary from official sources to community leaders. The same situation exists for Hispanic Americans. There continues to be a great deal of controversy over the rates and extent of mental disorders, drug abuse, and alcoholism among ethnic group individuals. My first recommendation is that we begin to systematically and purposefully collect basic demographic data and epidemiological information on various ethnic groups and sub-groups. My second recommendation is that groups at risk receive a high priority in our research efforts. Immigrants, the poor, the elderly, the powerless and other high risk groups should receive special attention. My third recommendation is that needs assessment be planned so that we can project for the future. Changes are rapidly occurring so that what is true today is not true tomorrow. For example, Padilla (1977) indicates that Hispanics are the fastest growing minority group and that by the year 2000 will be the largest. In the state of California, nonWhite ethnic groups will in the near future outnumber White Americans. The Asian population in the United States will double from 1970 to 1980 (Owan, Note 1). Native Americans are increasingly becoming an urban group (Trimble, 1976). Based upon demographic statistics, risk categories, and future projections, Morton Kramer (Note 2), past Director of the Division of Biometry and Epidemiology of NIMH, has predicted that by 1985, there will be a substantial increase of Blacks and other nonWhites admitted to mental health facilities

and of Blacks and other nonWhites diagnosed as schizophrenics. That is, the percentage increase will be greater among nonWhites and Whites because the former would be more heavily represented in the high risk groups. All of these projections indicate the necessity to address our efforts not only for today but also for tomorrow.

Second, more research should be devoted to causal factors in mental health and mental disturbance. I want to make a distinction between health and disturbance. Health is not simply the absence of disturbance. Individuals may not be "mentally ill" bur rather have low positive mental health--e.g., low self-esteem, anger, feelings of powerlessness, etc.--in the same way that one can be free of disease but have poor physical health. I do not want to carry this analogy too far since medical model concepts are too limiting. My point, and fourth recommendation, is that our attention on causal factors be expanded to include positive mental health as well as what has traditionally been considered disturbed behavior (i.e., psychiatric disorders including drug and alcohol abuse). Development of self-esteem, feelings of personal control, mastery, achievement, self-identity, happiness, etc., would all fall under the rubric of positive mental health. Then, too, when one examines causal factors, there is a tendency to dwell on stressors. Culture conflict, culture shock, stereotypes, discrimination, poverty, etc., are stressors that are believed to influence mental health. As mentioned previously, focus on stressors helps to perpetuate a deficit model orientation. But mental health and mental disorders are also affected by resources that the society provides. The fifth recommendation is that resources and their means of preventing or intervening on behalf of mental health be studied. Note that specific areas of study can be conceived as having potential as a stressor or resource. Thus my sixth recommendation is that the individual, family, community, culture,

and society be studied as stressors and resources. Finally, ethnic minority groups show a great deal of differences. Even among the major groups, there are major differences in factors such as social class, immigrant status, urban-rural residence, integrated-segregated neighborhoods, etc. The seventh recommendation is that we begin to focus more specifically on inter- and intra-group variations and on ethnic conceptions of behavior and disorders.

Third, the search for solutions is crucial. We know that the mental health needs of minority groups are very serious. There is evidence that minority group clients are not preferred by therapists; that even when these clients are in psychotherapy, rapport and a good working relationship between client and therapist are difficult to achieve; and that the mental health delivery system is unresponsive. For example, in one study (Sue, 1977), it was found that approximately half of all Asian American, Black, Chicano, and Native American clients failed to return for treatment after one session in community mental health centers, compared to a much lower failure-to-return rate for Whites. I have three recommendations dealing with solutions at the level of (1) individuals, (2) systems, and (3) time of intervention. With respect to the individual level, we need more research into the factors that facilitate positive outcome in treatment (recommendation eight). It has been frequently stated that treatment needs to be culturally responsive, that similarity in race between therapist and client is important, that therapists must be open, flexible, and free of stereotypes, and so on. Nevertheless, questions remain and must be researched. For example, what specific therapist attributes are necessary for effective treatment with minority group clients? How can we better train students and paraprofessionals to work with minority clients? The question of therapist attributes is one that faces the entire mental health field. For ethnic minorities, the question has posed a much larger problem because we have lacked resources to examine the issue and because ethnic issues have not

received adequate emphasis in the mental health field. At a level higher than the individual one, we need to focus on systems and community processes (recommendation nine). Research into systems can be divided into ethnic and mainstream solutions. Ethnic solutions are those cultural-community means of resolving emotional disturbances. Medicine men, curanderas, third party intermediaries, herbalists, and even ethnic churches often play a vital role in treatment. Their impact and value in ethnic communities have been assumed. Greater research must be conducted to investigate their effectiveness so that these resources can be better utilized and applied more broadly. Mainstream solutions are those that are in widespread use today. Community mental health centers, hospitals, clinics, and other facilities form the major part of our mental health care system. What kinds of changes should occur in our system to better respond to minority group needs? In enhancing the mental health of minority groups, the development and assessment of our system should proceed in three directions. First, evaluation should be made of existing services and programs to meet the needs of ethnic groups. For example, many community mental health centers have hired ethnic specialists, utilized nonprofessionals, engaged in outreach services or clients advocacy programs. Have these been effective? Second, independent (free from existing programs) but parallel (i.e., similar to existing services) programs have been established for ethnic groups. That is, many services or agencies have been created to serve minority groups. An important research issue is to determine their effectiveness and to find out what aspects are particularly responsive so that others can initiate or modify programs to better meet the needs of minority groups. Third, new, nonparallel services should be developed and evaluated. New therapies, agencies, or institutions aimed at ethnic groups are important.

Time of intervention is also an important factor to consider in our efforts. Recommendation ten is that primary prevention programs in mental health, drug abuse,

and alcoholism be given high priority. The reduction of the incidence of disorders through elimination of causal factors or through improved resources must be investigated. Charles Willie (Note 3), a member of the President's Commission on Mental Health, acknowledges the key role of prevention. He states that "In the past, effective treatment for various disorders including mental disorders have been made available first to the affluent and members of the majority. Prevention, however, benefits both the majority and the minority, the affluent as well as the disadvantaged. Minorities, therefore, may help the majority as well as their own members by insisting that preventive efforts pertaining to mental disorders not be delayed."

I am not naive in recommending research on primary prevention. I realize that (1) priority is often given to urgent and acute problems needing treatment, (2) fruits of prevention programs take years to demonstrate, (3) past prevention efforts (such as in early education programs, headstart, etc.) have frequently lacked sound methodology, and (4) some researchers have doubted whether we know enough to begin massive primary prevention programs. However, if we are to truly respond to ethnic minority groups, reduction in the incidence, not merely in the prevalence, of disorders must occur. Research proposals on prevention should be encouraged and supported.

Thus far, the importance of research in determining the status of minority groups, the causal factors in psychological well-being, and the possible solutions have been discussed. The fourth and final step (recommendation eleven) in research is to implement strategies and solutions. Funds are needed for mental health research in general and minority group mental health in particular. In addition, there must be means of implementing the possible solutions suggested by research findings. Here the task is to increase funding, to have influence in the political process, to affect public programs and policies, and to make others aware of needs

and problems. I have no simple answers as to how this immense task can be achieved. My point is that implementation is a logical and necessary step in enhancing psychological well-being.

Value of Research

Research has been attacked as having no applied value, as being too abstract and esoteric, and as perpetuating stereotypic, biased, or even inaccurate views of minority groups. Because of the urgent and pressing needs of minority groups, recommendation twelve is that priority be given to research that has the potential of significantly contributing to the betterment and well-being of the minority groups in the short or long term. The issue here is not basic versus applied research. Basic research often has applied value and applied research has often failed to produce meaningful findings and practical implications. Research proposals for funding should be explicit in delineating their impact and significance. Very few, if any, instances can be found where a single piece of research has resulted in social change, social action, public policies, etc. Rather, the systematic, rigorous, and multidimensional approach to attacking a problem or issue has probably been of greatest benefit. Seen in this light, research can serve as documenting needs to the public and to policy makers, as pointing to the underlying roots of problems, and as suggesting possible means of intervention. Research can have tremendous value if properly targeted at problems, systematically conducted, and intitiated with adequate research strategies and tools.

Researchers and Those Researched

Since early ethnic research was for the most part conducted by White researchers and since minority groups often see research findings as being biased and inaccurate, the essential question of who should conduct research on what populations must be addressed. Some feel that only members of a particular group should conduct research on that group. Ethnicity of the researcher would be a necessary (but not sufficient)

condition. Others believe that regardless of race or ethnicity, qualifications and ethnic sensitivity are sufficient factors for ethnic research. However, the issue is further complicated by the possibility that factors such as qualifications and sensitivity may be related to ethnicity. For example, Brazziel (1973) states that "Today's white researchers are perhaps counterproductive in black communities not because they are white, but because they are poorly trained." (p. 41). Brazziel goes on to argue that White researchers (1) have less credibility than Black researchers in Black communities and (2) are affected by their own training and have inadequacies in perceiving racism. In this view, ethnicity of researcher and ethnic background are important factors to consider.

It is unwise and impractical to try to limit ethnic research to researchers who have ethnic similarity to the group being studied. First, there is still a manpower shortage of ethnic researchers. Second, various White researchers (or ethnic researchers who study ethnic groups different from their own) have made valuable contributions. Third, race relations, racism, mental health, etc., must be issues and problems addressed by all Americans. Fourth, it is simply impossible to limit research on ethnic groups, according to race of the researcher. Qualifications, sensitivity, and credibility should dictate who does research on what populations. However, since these characteristics may be related to ethnicity and since ethnic perspectives have been lacking in ethnic research, recommendation thirteen is that well qualified researchers with proposals of merit should conduct ethnic research; nevertheless, since researchers of the same ethnicity as their minority group often have special insights, credibility, and sensitivity and are just now beginning to have an impact on ethnic research, these investibators should have increased support and encouragement. The implication is that ethnic researchers for one reason or another have only recently had influence on research. Another implication is that researchers who differ ethnically from the group being studied

must develop sensitivity, insight, and credibility with that group, and must seek assistance and advice from group members.

Methodology and Conceptual Issues

One persistent problem in minority group research is the use of proper conceptual and methodological tools. This problem in ethnic research includes (1) use of culturally biased measures, (2) inadequate consideration of ethnic response sets, (3) faulty interpretations of minority group behaviors, (4) lack of norms in evaluating ethnic responses, and (5) effects of experimenter's race or ethnicity upon subjects. Many researchers have pointed to conceptual and methodological research issues in areas such as intelligence (Jorgensen, 1973; Williams, 1974), personality and ethnic identity (Banks, 1976; Brand et al., 1974; Nobles, 1974), mental health (Sue et al., 1975; Thomas & Sillen, 1972), and family structure (Gordon, 1973; Trimble, 1976). These investigators have been critical of many research findings on minority groups. Strict adherence to traditional concepts and methodological tools has made it difficult to explore the use of more innovative concepts and methodologies that might be applied more appropriately to minority groups. I believe that many ethnic researchers are frustrated by the proliferation of studies that have methodological and conceptual inadequacies. They are also frustrated by (1) requirements upon which research granting agencies often insist that only traditional and well researched instrumenta be used, (2) editorial policies of journals that have similar requirements, and (3) the lack of more adequate concepts and methodologies to study ethnic groups. In trying to avoid the pitfalls of previous research, investigators have had to start from "scratch." The fourteenth recommendation is that support be given to the creation or development of innovative and more adequate concepts and instruments in ethnic research rather than to the continued use of traditional strategies that fail to accurately convey minority group experiences. The issue is not so

much over whether research should be correlational, experimental, single subject, field, laboratory, or participant-observer; rather, it is over the issues of culturally biased measures, response sets, etc., mentioned previously.

Community Relations

Within the last decade, many minority group individuals have grown increasingly suspicious of the motives of the researcher and of the outcome of research (Sue & Sue, 1972). Ethnic communities often feel that research is irrelevant at best and inaccurate at worst. They feel exploited as subjects of research and distrustful of researchers. Indeed, funding for research (ethnic and nonethnic) has come under greater scrutiny by the public and by decision-makers. Some of the problems are due to public misunderstandings of the research endeavor. But probably to a greater extent, difficulties have arisen because communities have not been called upon as collaborators in research. Research, especially that dealing with social issues, societal problems, and ethnic minority groups, require broad participation. Gordon (1973) advises that "...all parties share in guiding the total research endeavor, including decisions about research conceptualization, design methodology, and the dissemination of the utilization of data. We must recognize that such data are used to influence public policy; they generate political consequences which must be to the benefit of the community involved." (p. 94). Recommendation fifteen is that researchers and ethnic communities collaborate and share in research endeavors.

Funding for Research

It is very clear that funding has a profound impact on the direction, nature, quality, quantity, etc., of research. What is also clear is that while a compelling case can be made for the necessity of substantial funds for research in general, ethnic research must receive high priority. Issues of minority group mental health, drug and alcohol use, and racism are urgent ones that have been inadequately addressed. All funding agencies in the mental health arena, not just NIMH, NIAAA, NIDA, or

even DHEW, must systematically and substantially support ethnic minority research (recommendation sixteen). The problems and issues concerning minority group mental health are not limited simply to ethnic minority groups. Aside from the moral or human rights issue, racism continues to affect not only minority groups but also all Americans. Issues concerning integration, bussing, poverty, well-being impact us all. Funding for mental health research should reflect the magnitude of the issue or problem. It is through research that needs, problems, issues, and solutions can be presented to the public, decision makers, scientific and professional communities, research granting agencies, etc.

Conclusions

In such a brief analysis, it is difficult to examine the issues of minority group research in much depth. The sixteen recommendations are not intended to be specific or definitive. For example, I have not specified whether research on, say, ethnic families is more important than research on cultural values. In view of the need for research in all areas (e.g., needs assessment and epidemiology, stressors and resources, solutions, implementation), my plea is for more research, greater systematic efforts, use of proper conceptual and methodological tools, involvement of qualified and sensitive researchers, increased collaboration between researchers and the community, the enhancement of mental health, and more research funds. Access to policy makers and funding sources should be facilitated. Furthermore, if we are truly to respond to research needs of ethnic minorities, the current trend to include more minority group persons on research review groups, in administrative positions, and as decision makers must be expanded. These suggestions and recommendations are for the most part not new. But they bear repeating in light of the unmet needs and issues regarding minority group mental health.

Reference Notes

1. Owan, T. Asian Americans: A case of benighted neglect. Paper presented at the National Conference of Social Welfare, San Francisco, 1975.

2. Kramer, M. Psychiatric services and the changing institutional scene. Paper presented at the President's Biomedical Research Panel, National Institute of Health, Bethesda, MD., 1975.

3. Willie, C. V. Mental health and ethnicity. In S. Sue & T. Moore (Eds.), Community mental health in a pluralistic society. New York: Human Sciences press, in preparation, 1978.

References

Allport, G. W. The nature of prejudice. Reading, Mass.: Addison Wesley, 1954.

Banks, W. C. White preference in blacks: A paradigm in search of a phenomenon. Psychological Bulletin, 1976, 83, 1179-1186.

Brand, E., Ruiz, R., & Padilla, A. Ethnic identification and preference: A review. Psychological Bulletin, 1974, 81, 860-890.

Brazziel, W. F. White research in black communities: When solutions become a part of the problem. Journal of Social Issues, 1973, 29, (1), 41-44.

Fischer, J. Negroes, whites and rates of mental illness: Reconsideration of a myth. Psychiatry, 1969, 32, 428-446.

Gordon, T. Notes on white and black psychology. Journal of Social Issues, 1973, 29, (1), 87-96.

Grier, W. H., & Cobbs, P. M. Black rage. New York: Basic Books, 1968.

Jones, J. M. Prejudice and racism. Reading, Mass.: Addison Wesley, 1972.

Jorgensen, C. C. IQ tests and their educational supporters. Journal of Social Issues, 1973, 29 (1), 33-40.

Kitano, H. H. Race relations. Englewood Cliffs, N. J.: Prentice Hall, 1974.

Kramer, M., Rosen, B. M., & Willis, E. M. Definitions and distributions of mental disorders in a racist society. In C. V. Willie, B. M. Kramer, & B. S. Brown (Eds.), Racism and mental health. Pittsburgh: University of Pittsburgh Press, 1973.

Nobles, W. W. Psychological research and the black self-concept: A critical review. Journal of Social Issues, 1973, 29, (1), 11-32.

Padilla, A. M. Foreword in E. L. Olmedo & S. Lopez (Eds.), Hispanic mental health professionals. Los Angeles: Spanish Speaking Mental Health Research Center, 1977.

Padilla, A. M. & Ruiz, R. A. Latino mental health: A review of the Literature. DHEW Publication No. (HSM) 73-9143. Washington, D. C.: U. S. Government Printing Office, 1973.

Pettigrew, T. F. Racism and mental health of white Americans: A social psychological view. In C. V. Willie, B. M. Kramer, & B. S. Brown (Eds.), Racism and mental health. Pittsburgh: University of Pittsburgh Press, 1973.

Report to the President from the President's Commission on Mental Health. Washington, D. C.: Government Printing Office, 1978.

Sue, D. W. & Sue, S. Ethnic minorities: Resistance to being researched. Professional Psychology, 1972, 3, 11-17.

Sue, S. Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, 1977, 32, 616-624.

Sue, S., Sue, D. W., & Sue, D. Asian Americans as a minority group. American Psychologist, 1975, 30, 906-910.

Thomas, A. & Sillen, S. Racism and Psychiatry. Secaucus, N. J.: Citadel Press, 1972.

Trimble, J. E. Value differences among American Indians: Concerns for the concerned counselor. In P. Pedersen, W. J. Lonner, & J. G. Draguns (Eds.), Counseling across cultures. Honolulu: The University Press of Hawaii, 1976.

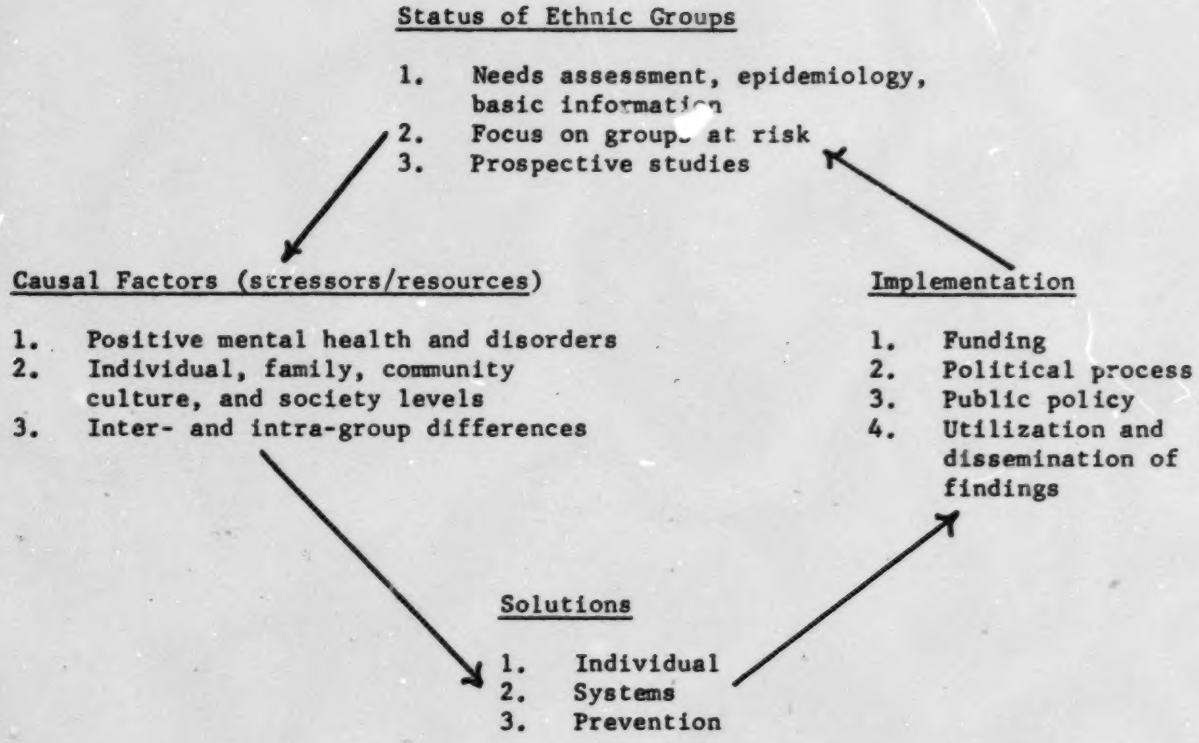
Williams, R. L. Scientific racism and IQ -- The silent mugging of the black community. Psychology Today, 1974, 7, 32, 34, 37-38, 41, 101.

Footnote

An earlier version of this paper was an invited address at the National Conference on Minority Group Alcohol, Drug Abuse, and Mental Health Issues sponsored by ADAMHA, Denver, May, 1978.

Figure Caption

Figure 1. Research Directions


Status of Ethnic Groups
1. Needs assessment, epidemiology, basic information
2. Focus on groups at risk
3. Prospective studies
Causal Factors (stressors/resources)
1. Positive mental health and disorders
2. Individual, family, community culture, and society levels
3. Inter- and intra-group differences
Implementation
1. Funding
2. Political process
3. Public policy
4. Utilization and dissemination of findings
Solutions
1. Individual
2. Systems
3. Prevention